



**ALABAMA SECURITIES COMMISSION
AND
DEPARTMENT OF HUMAN RESOURCES
REPORT OF ADULT SUSPECTED TO BE FINANCIALLY EXPLOITED**
For use by Qualified Individuals pursuant to Ala. Code § 8-6-170 to 179



SECTION I - INCIDENT

Date of Incident: _____ Time: _____

SECTION II - PERSON IDENTIFIED AT RISK OF EXPLOITATION

Last Name: _____ First Name: _____ MI: _____
Sex: M ☐ F ☐ Date of Birth: _____ Race: _____ Social Security#: _____
Address: _____ Phone: _____
Responsible Party (if applicable) Power of Attorney/Guardian/Conservator: _____
Contact Information: _____
Institution Tracking#: _____

SECTION III - PERSON ALLEGEDLY RESPONSIBLE FOR EXPLOITATION

Last Name: _____ First Name: _____ MI: _____ Phone#: _____
Sex: M ☐ F ☐ Race: _____ Date of Birth: _____ Relationship to Victim: _____
Address: _____ Social Security: _____
Additional Information: _____

SECTION IV - PLEASE DESCRIBE THE INCIDENT (use additional pages if necessary)

SECTION V - CIRCUMSTANCES OF PERSON IDENTIFIED AT RISK

Person Identified at Risk

(check descriptions that apply)

Physical Dependence ☐
Behavioral Disorders ☐
Substance Abuse ☐
Emotional Problems ☐

Intellectual Disability ☐
Mental Problem ☐
Economic Dependence ☐

**SECTION VI – IF ABUSE, NEGLECT, OR OTHER FINANCIAL EXPLOITATION IS SUSPECTED
PLEASE DESCRIBE**

SECTION VII – REPORTER

Name of _____ Title: _____
Reporter: _____
Address/Phone Number of _____
Reporter: _____
Firm Name: _____ Address: _____
Third Party Y ☐ N ☐ Name: _____ Legal
Contacted? _____ Relationship: _____
Third Party Contact Information: _____
Additional Witnesses/How to _____
Contact: _____
Delayed Disbursement: Yes ☐ No ☐
Financial Records Attached: Yes ☐ No ☐

When finished—Save a copy for your records and e-mail form to Department of Human Resources at aps@dhhr.alabama.gov, and the Alabama Securities Commission at adultprotect@asc.alabama.gov, or by fax at 334-353-4690.